



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 2672

<b>SERIAL NUMBER</b> 09/663,155	<b>FILING DATE</b> 09/15/2000 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2635	<b>ATTORNEY DOCKET NO.</b> 00-0384
<b>APPLICANTS</b> Joseph P. Ligoci Sr., Cicero, NY; Elias J. Goletsas, Mattydale, NY;				
<b>** CONTINUING DATA *****</b> <i>Yes Y.D</i> This application is a CIP of 09/031,474 02/26/1998 ABN				
<b>** FOREIGN APPLICATIONS *****</b> <i>None Y.D</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/09/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Y.D</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 13
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> Ivar M Kaardal Kaardal & Associates P C 3500 South First Ave Circle-Suite 250 Sioux Falls ,SD 57105-5802				
<b>TITLE</b> Frequency activated neutralizing generator system				
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



## UNITED STATES PATENT AND TRADEMARK OFFICE

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<b>APPLICANTS</b> Joseph P. Ligoci Sr., Cicero, NY ; Elias J. Goletsas, Mattydale, NY ;				
<b>** CONTINUING DATA *****</b> <i>Yes Y.D</i> THIS APPLICATION IS A CIP OF 09/031,474 02/26/1998 <i>which is now abandoned</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None Y.D</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 11/09/2000</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Y.D</i> Verified and Acknowledged <i>Y.D</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 13
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